

**BY ORDER OF THE COMMANDER
AIR MOBILITY COMMAND**

AF INSTRUCTION 36-2104



**AMC
Supplement 1
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PERSONNEL

**NUCLEAR WEAPONS PERSONNEL
RELIABILITY PROGRAM (PRP)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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(SMSgt James L. Ingley)
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Certified by: HQ AMC/DPP
(Colonel John G. Swain III)
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AFI 36-2104, 1 February 1997, is supplemented as follows: (This publication does not apply to Air National Guard and United States Air Force Reserve units.)

1.5. (Added) NAF PRP Monitor. Advises each base when the wing commander is certified on PRP with their name, office symbol, and duty and home telephone numbers. This will assist base-level personnel on knowing whom to call when PRP notifications are required on the wing commander.

2.1.3. Send copies of meeting minutes to HQ AMC/DPPFQ, 100 Heritage Drive, Room 106, Scott AFB IL 62225-5002.

2.1.4. The following items are encouraged to be reviewed and reported for each SAV:

2.1.4.1. (Added) Appointment and delegation letters, currency of PRP publications, and compliance with the same.

2.1.4.2. (Added) Processing of assignment allocation briefs, unit PRP rosters, PRP position changes, and unit PC-III procedures.

2.1.4.3. (Added) Certification (administrative, formal, interim) and recertification procedures.

2.1.4.4. (Added) Currency of investigations and procedures for submitting documents for updating security clearances and investigations.

2.1.4.5. (Added) Suspension, temporary decertification, and permanent decertification procedures.

2.1.4.6. (Added) Procedures established within the unit when substance abuse/misuse incidents occur.

2.1.4.7. (Added) Additional duty PRP procedures.

2.1.4.8. (Added) Thoroughness of research and accuracy of retrieving/reporting Potentially Disqualifying Information (PDI).

2.1.5.1. (Added) Ensure commanders with active PRP participants designate, in writing, individuals to accept notifications from base agencies. A copy of this designation letter will be provided to base agencies listed in paragraph 2.2.9.2 of the basic AFI.

2.1.7. (Added) Ensure all base PRP administrators (i.e., certifying officials, PRP monitors if appointed, MPF PRP NCO, and MTF PRP monitors) receive initial PRP training in the management of PRP objectives prior to assumption of duties. Training should be documented within the respective organizations.

2.1.8. (Added) A base supplement will be used if local policies and procedures require specific instructions not provided for in AFI 36-2104, *Nuclear Weapons Personnel Reliability Program (PRP)*, and this supplement. Individual unit policies may be established using policy letters or unit publications. However, additional reference and restrictions should be kept to a minimum to avoid confusion and misunderstanding of the program. Coordinate base supplements with HQ AMC/DPPFQ, 100 Heritage Drive, Room 106, Scott AFB IL 62225-5002 and the MAJCOMs of tenant unit(s) (if applicable) prior to publication.

2.2.2.1. (Added) For DoD civilians, also document PRP certifications on AF Form 286, **Personnel Reliability Program (PRP) Certificate**, and decertifications on AF Form 286A, **Notification of Personnel Reliability Program Permanent Decertification Action**.

2.2.4.1. Ensure coordination is obtained with the MPF PRP NCO on unit personnel actions that affect duty air force specialty code (DAFSC) changes, position number changes (except for manning position numbers resulting from automatic conversion), duty status changes, or permanent change of assignment (PCA) actions. In-system coordination via PC-III suffices for the in writing requirement to the MPF.

2.2.7.1. (Added) Assign this duty as a primary duty whenever practical. Ideally, this person would be the unit security manager.

2.3.3.1. (Added) Documentation of this training to MPF and CPF personnel will be maintained by the appointed representative/base PRP NCO.

2.3.7.2. (Added) A 100% audit will be conducted at least annually on the Unit Personnel Record Group (UPRG) of PRP personnel. Results of the audit will be published and acknowledged by all participants using date and signature.

2.4.2.1. (Added) The MTF commander will appoint, in writing, a PRP trained physician as the MTF's PRP medical consultant (competent medical authority) and an officer or NCO as the MTF PRP monitor. A clinical psychologist or clinical social worker may accomplish interviews and provide recommendations regarding the mental stability or suitability of individuals for PRP duties. Each of the members mentioned above must be active duty military. Waivers for exception must be directed to HQ AMC/SGP.

2.4.2.2. (Added) The MTF PRP monitor will:

2.4.2.2.1. (Added) Ensure indoctrination and refresher training are accomplished. MTF personnel will receive initial PRP training before performing duties. Thereafter, refresher PRP training will be conducted semiannually. Documentation of medical PRP training will be maintained by the MTF PRP monitor. For bases conducting administrative certifications only, refresher training for MTF personnel will be conducted annually (versus semiannually).

2.4.2.2.2. (Added) Ensure PRP status rosters and change rosters are received and posted by all sections maintaining PRP records.

2.4.2.2.3. (Added) Review emergency room treatment logs each duty day to ensure medical determinations and required notifications were made on PRP members treated after normal duty hours.

2.4.2.2.4. (Added) Ensure completion of an annual PRP audit which will include outpatient, inpatient (while hospitalized), dental, OB/GYN, and mental health records. Documentation of these audits will be annotated in each record type. Questionable situations or apparent violations of procedures relating to the AFI or this supplement will be brought to the attention of the MTF PRP monitor or medical consultant for review and immediate corrective action, if necessary.

2.4.5. Only individuals specifically designated, in writing, by the MTF commander will make PRP notifications.

2.4.11. (Added) Commander-directed referrals. Referrals should be initiated by memorandum and should include the reasons for the request, the nature of the member's duties, and other applicable information (the commander will use a sealed envelope to the medical consultant if sensitive information is included). When commander-referred individuals are actually seen by a health care provider for evaluation, the CO will be provided a medical recommendation in writing, to include a diagnosis. This recommendation will be shipped in a sealed envelope.

A3.2.2. The unit will establish a decertification case file, to include the temporary decertification letter and all supporting documentation. Maintain the case file until the member is reinstated or permanently decertified.

A3.3.1.1 (Added) The certifying official may permanently decertify any member using Cause Code B800 who has recurring alcohol-related incidents, but does not meet the diagnostic criteria for alcoholism during the Substance Abuse Rehabilitation and Treatment (SART) process. Whenever there are no current alcohol problems, but in the certifying official's judgment the individual's alcohol history makes him or her unsuitable for nuclear weapons duties, permanent decertification will be accomplished using Cause Code J600. All alcohol incidents not resulting in permanent decertification will be documented on the reverse of the AF Form 286 as provided for in AFI 36-2104, paragraph 2.2.2.

A3.3.1.2 (Added) The member can be permanently decertified using Cause Code E900 upon identification, regardless, if drug abuse confirmation was before or during the SART process.

A3.3.2.1 (Added) If the reviewing official disapproves the permanent decertification, the unit destroys the case file to include the AF Form 286A and updates PDS with the current PRP status.

A3.3.2.1.1 (Added) Documentation (AF Form 2096, **Classification/On-The-Job Training Action**, PC-III Printout, etc.) to assign the member to a non-PRP position will accompany the case file. Upon approval of the decertification by the reviewing official, the reassignment action will be updated and made a matter of record.

A3.3.2.1.2 (Added) The unit will provide a copy of the AF Form 286A to the MTF PRP monitor for removal of the AF Form 745 from the health records for the individual concerned.

A3.3.2.1.3 (Added) The MTF PRP monitor annotates the health record (SF 600) to show permanent decertification, effective date, and reason. If the reason for decertification is not medical, then annotate the SF 600 to reflect permanently decertified on (date) for other than medical reasons.

A3.3.2.1.4 (Added) The MPF PRP NCO attaches the AF Form 286A to the current AF Form 286 and forwards them to the MPF Customer Service Team for filing in the UPRG, Section III. Both documents become a permanent record.

A3.3.3.1. (Added) Include supporting documentation referencing the information that warrants permanent decertification. Examples of supporting documentation for the applicable cause codes are as follows:

E900	AF Form 2731 (Substance Abuse Reorientation and Treatment Program Disposition), OSI/police report, or drug test results.
B800	AF Form 2731 and/or a letter from a physician indicating the diagnosis, police report for alcohol-related arrest, or Blood Alcohol Content (BAC) test results.
C400	AF Form 65 (Transmittal of Court-Martial Charge) or documentation from civil courts.
M300	A narrative summary (SF 502, Medical Record—Narrative Summary; clinical résumé or memorandum/letter) will be forwarded with all permanent decertification case files on personnel decertified for medical reasons. It will be reviewed and signed by the PRP consultant along with a complete medical history pertaining to the reasons for decertification, recommendations, and diagnosis. In cases where multiple diagnoses are rendered, the health care provider will indicate which diagnosis takes precedence.
A200/D100/J600 S150/Q500	Notification of intent for involuntary discharge, Article 15 action(s), police reports, etc.

A3.3.4.1 (Added) A minimum 1 year observation period of the member's performance is encouraged before removal regardless of the reason for permanent decertification.

A14.1.1 (Added) Each time an individual receives medical or dental care and the applicable health records are not available, the individual must be queried and a current PRP roster reviewed to determine their PRP status. If the member is noted to be on PRP, initiate the appropriate patient treatment form and affix the PRP stamp for completion by the health care provider.

A14.2.3 (Added) When a PRP certified individual receives care in a clinic authorized to maintain separate medical records (e.g., mental health and OB/GYN), the PRP notification stamp must be placed in the individual's primary outpatient record, not in the record maintained in the section. The record maintained in the section will contain the stamp illustrated below:

“PRP notification is/is not required. See primary outpatient record for PRP notification stamp.”

This stamp will be completed by the clinic treating the patient, and action will be taken to ensure the PRP notification stamp in the individual's primary outpatient record is completed as required.

A15.1.3.1 (Added) All PDI will be annotated on the reverse of the AF Form 286 by referencing the source document (e.g., EPRs, SF Security Clearance Application, DD Form 398, **Department of Defense Personnel Security Questionnaire**, SF 600, **Chronological Record of Medical Care**, etc.), its location (UPRG, Health Record, Mental Health Record, UIF, etc.), and its entry/completion date. Certifying officials will personally review each referenced document containing PDI prior to completion of the certification process.

A15.1.5. The established suspense for routing the AF Form 286 from initiation through completion will not exceed 20 days. As a result, the suspense date entered into PDS with code “L” will not exceed 20 days. The amount of time allowed for completion of the PRP certification process will not exceed 30 days.

from the PRP position's duty effective date. Any delays exceeding the above time factors will be fully documented on the reverse of the AF Form 286 and acknowledged by signature of the certifying official.

A15.3.1.1 (Added) If interim certification is necessary, reverify member's eligibility for interim certification IAW Attachment 8 (does not apply to administrative certifications). If not eligible or the certifying official elects not to interim certify, the unit will maintain the AF Form 286 pending completion of the security investigation.

A15.3.1.2 (Added) Review the reverse of the AF Form 286 or Report on Individual Person (RIP) remarks area to determine if valuable information has been added after completion of Section I of the AF Form 286 or RIP. The certifying official will acknowledge any PDI on the reverse of the AF Form 286 by signature and date. Written acknowledgment will occur at the time of certification and again each time a PDI entry is made.

A15.3.2.1 (Added) For PCA certifications. If the AF Form 286, Section III, is completed, then the certifying official completes AF Form 286, Section IV.

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